

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dave S.B. Hoon et al.

Serial No: 10/713,808

Filed: November 14, 2003

For: DETECTION OF MICROMETASTASIS O MELANOMA
AND BREAST CANCER IN PARAFFIN-EMBEDDED
TUMOR DRAINING LYMPH NODES BY
MULTIMARKER QUANTITATIVE RT-PCR

Art Unit: 1642

Examiner: Sean E. Aeder

I hereby certify that this correspondence
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

July 30, 2007

Date of Deposit

Nancy Nolen

Name

Signature

07/30/07

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☒ A Petition for Three-Month Extension of Time is enclosed.
☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	33	**	0	LG=\$50 SM=\$25 \$[FEE]	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	***	0	LG=\$200 SM=\$100 \$[FEE]	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ [FEE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ [FEE]
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___0___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$___0___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: July 30, 2007

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By: 

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Registration No. 54,284
Patent Agent for Applicant(s)

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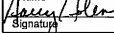
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